	YATEN	ГАР		ION FEE			non rec	OR	D	091	5	35. <i>i</i>	から
		LAIMS	AS FILEI (Colu	•	SMALL	ENTITY			R THAN				
I	TOTAL CLAIM	S					(1010) <u>21</u>	7	RATE	· FEE		RATE	
	FOR			NUMBE	RFRED	NUN	BER EXTRA	1	BASIC F			2000	
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U	NDEPENDENT	CLAIM	ıs		minus 3 =								
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	* If the difference in column 1 is less than zero, enter "0" in column 2										OF	+360=	
	: :					TOTAL		OF	TOTAL				
	•		IMS AS Johnna 1)	AMENDE	D - PAR (Colum	.*	(Column 3	•	SMÁTI	ENTITY	OR		R THAN
MT.A	9/8/25		CLAIMS EMAINING AFTER		HIGH NUMI PREVIO	EST BER	PRESENT	1	RATE	ADDI- TIONAL	7	PATE	ADDI- TIONAL
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7	FIRST PRES	ENTA	TION OF A		EPENDENT	CLAIM		1	X100=		OR	X200=	
	•			· - · · · · · · · · · · · · · · · · · ·	··		1	•	+180=		OR	+360=	
•	2/ 2/					•	*		TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
-	-26-06		olumn 1) Claims	- 	(Colum		(Column 3)		\$ •		_		
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	Total ·	ŀ	<u>26</u>	Minus	- 2	\mathcal{O}_{\star}	- 6] [X\$ 25=		OR	X\$50=	300
Ĭ	Independent	<u> •</u>	4	Minus	<	1	•	l	X100=			X200s	200,
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4	~	_				•		L	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE	300
2	-30-01	<u> (Cc</u>	lumn 1)		. (Column		(Column 3)				• •	AUUII. PEE	
- Indiana		REI	LAIMS MAINING VFTER, ENDMENT		HIGHE MUMBI PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
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١	PIRST PRESE	ITATI	ON OF MI	JLTIPLE DE	PENDENT	MAK		ŀ	X100=		OR	X200=	
	f the entry in colur	nn 1 le	lace then #	a anto in only		~		L	+180=		OR	+360-	
4	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE OR ADDIT. FEE												
. 1	The "Highest Num	ber Pre	Mously Pai	For (Total o	Independent) is the l	highest number	founi	d in the app	cobulete pai	in colu	mn.1.	

Best Available Copy															
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999										Application or Docket Number 09/535/05					
	•	S FILED -		MALL	ENTITY	OR	OTHER		1						
FC	R		NUMBER FILED			(Column 2) NUMBER EXTRA			ATE	FEE		RATE	FEE	┨	
ВА	SIC FEE								:	345.00	ОЯ		690.00	1	
TOTAL CLAIMS			. 14		20= •	0		\ \[\]	C\$ 9=		OR	X\$18=		1	
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- 11	* If the difference in column 1 is less than zero, enter *0" in column 2									 	OR OR	TOTAL	768	$\left\{ \right.$	
	Ċ	LAIM	S AS A	MENDED	•	OTAL		· Iou	OTHER		1				
			mn 1)			mn 2) HEST	(Column 3)	S	MALL	ENTITY	OR	SMALL			
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	+260=			
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" If the entry in column 1 is less than the entry in column 2, write "V" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															

FORM PTO-475 (Rev. 1249)